MAR 3 1 2005

Effective 10/08/2004
Fees pursuant to the Consolidated
Appropriations Act 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status.
See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)150.00

Complete if Known

Application Number	10/699,382
Filing Date	3 November 2003
First Named Inventor	Tso Yee Fan
Examiner Name	Tony Ko
Art Unit	2878
Attorney Docket Number	AFB00537

METHOD OF PAYMENT   (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: __AF01-0465__   Deposit Account Name: __Dept of the Air Force__

For the above-identified deposit account, the Director is hereby authorized to: (Check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or Underpayments   ☒ Credit any overpayments
   of fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee($)	Fee Paid ($)
_____ -20 or HP =	_____ x	_____ =	_____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP =	_____ x	_____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(3)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ /50	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g. late filing surcharge): __Requesting Publication of SIR after Examiner Action__	$150.00

SUBMITTED BY

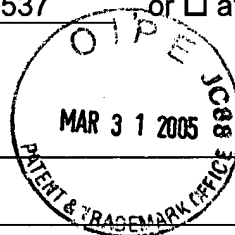| Signature	Registration No. (Attorney/Agent) 22,407	Telephone (781) 377-4072
Name (Print/Type) JULIAN L. SIEGEL		Date 28 March 2005

REQUEST FOR STATUTORY INVENTION REGISTRATION

Application Number   10/669,382   Attorney Docket No. AFB00537   or ☐ attached hereto

Filed: 3 November 2003

Titled: LASER-DIFFERENCE-FREQUENCY DISCRIMINATOR

Applicant(s): Tso Yee Fan

A. In the above identified patent application, I hereby:

1. Request and authorize the Director of Patent and Trademark Office to publish the above identified regularly filed patent application as a Statutory Invention Registration. (35 U.S.C. 157)

2. Waive the right to receive a United States patent on the same invention claimed in the above-identified patent application. These rights, which are waived, include those specified in 35 U.S.C. 183 and 271 through 289 as well as all attributes specified for patents in any other provisions of law other than title 35, United States Code. The waiver includes, but is not limited to, the remedies under 19 U.S.C. 1337 and 1337a, 22 U.S.C. 2356 and 28 U.S.C. 1498. (35 U.S.C. 157(c))

3. Understand that the above waiver will be effective pursuant to 37 CFR 1.293 upon publication of the Statutory Invention Registration to waive the inventor's right to receive a United States patent on the invention claimed in the Statutory Invention Registration. (37 CFR 1.293(b)(1))

4. State that, in my opinion, the disclosure and claims of the above identified patent application meet the requirements of 35 U.S.C. 112. (37 CFR 1.293(b)(3))

5. State that, in my opinion, the above identified patent application complies with the requirements for printing as set forth in the Rules of Practice for Patent Cases, 37 CFR Part 1. (37 CFR 1.293(b)(4))

6. Enclose the fee set forth in 37 CFR 1.17(n) or (o) for requesting publication of a Statutory Invention Registration:

☒ A first Office Action has not been mailed in the above application, 37 CFR 1.17(n) _____ $ ___920.00___

☐ A first Office Action has been mailed in the above application, 37 CFR 1.17(o) _____ $ _____

Request fee $ ___920.00___

MINUS BASIC FILING FEE, IF PREVIOUSLY PAID

☒ Basic filing fee for utility patent application set forth in 37 CFR 1.16(a);

☐ Basic filing fee for design patent application set forth in 37 CFR 1.16(f); or

☐ Basic filing fee for plant patent application set forth in 37 CFR 1.16(g)
Minus basic filing fee $ ___770.00___

Amount due $ ___150.00___

Payment charged to credit card _____ . Form PTO-2038 is attached.

Amount enclosed by check or money order _____ .

Please charge Deposit Account No. ___AF01-0465___ the amount of $ _____150.00_____ .

If payment of any additional fee is required for the publication of the Statutory Invention Registration, charge such amount to Deposit Account No. ___AF01-0465___ .

B. For printing of the Statutory Invention Registration front page, if desired, list below the name(s) of not more than 3 registered patent attorneys and agents OR alternatively, the name of a firm having as a member a registered patent attorney or agent. If no name is listed below, no name will be printed on the Statutory Invention Registration.

C. Name of assignee, if any, for printing on the Statutory Invention Registration _____William G. Auton_____

_____Government of the United States of America as represented by the Secretary of the Air Force_____ .

Address (City and State or Country) _____Arlington, VA_____ .

State of incorporation, if assignee is a corporation _____N/A_____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Signature(s) (37 CFR 1.293(a))

☒ attorney or agent of record ☐ applicant(s) and any assignee

WILLIAM G. AUTON